UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION	FILE NO. G0126.0231

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FACE METADATA GENERATION

the specification of which is attached hereto, unless the following box is checked:

☒ was filed on March 28, 2003 as United States patent Application Number or PCT International patent application number PCT/JP03/03976 and was amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign or Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING *(day, month, year)*	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
Japan	2002-096003	29, March, 2002	☒YES ☐NO
			☐YES ☐NO
			☐YES ☐NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING *(day, month, year)*	STATUS *(patented, pending, abandoned)*

I hereby appoint customer no. 32172, DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.

SEND CORRESPONDENCE TO: DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP
1177 Avenue of the Americas, 41st Floor
New York, NY 10036-2714

DIRECT TELEPHONE CALLS TO:
(212) 835-1400

In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) to insert above the filing date and/or Application No. of said application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
Toshio KAMEI		

RESIDENCE *(City and either State or Foreign Country)*	COUNTRY OF CITIZENSHIP
Tokyo, Japan	Japan

POST OFFICE ADDRESS
c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo, Japan

FULL NAME OF SECOND JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE

RESIDENCE *(City and either State or Foreign Country)*	COUNTRY OF CITIZENSHIP

POST OFFICE ADDRESS

☐ CONTINUED ON PAGE 2